

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024857

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1603 Primary Registration District No. 3031 Registrar's No. 40

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS:300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONRegistration District No. 1603
FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN DeSotoLength of stay in 1b
1 yr 3 Mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Boyd St. Rd. Rt# 2Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Iron

c. CITY OR TOWN Ironton

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
316 W. RussellReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

NELLIE

HILL

GILLAM

4. DATE OF DEATH

Month

Day

Year

June

22

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

18 Jan 1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home10b. KIND OF BUSINESS OR INDUSTRY
own home11. BIRTHPLACE (City and state or country).
Bellevue, Mo.12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Robert Hill

13b. MOTHER'S MAIDEN NAME

Allie Cox

14. NAME OF HUSBAND OR WIFE

William E. Gillam

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Address

Gladys Eidson Ironton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

4 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis of coronary arteries 4 years

DUE TO (c)

Generalized arteriosclerosis 7 yrs 2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-30-1962 to 6-22-63 and last saw her alive on May 25, 1963
Death occurred at 11:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas A. Donnell M.D.

22b. ADDRESS

DeSoto, Mo.

22c. DATE SIGNED

6-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

24 June 1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county)

Ironton, Missouri

(State)

24. FUNERAL DIRECTOR

White Funeral Home
Ancel J. White

ADDRESS

Ironton, Mo.

25. DATE RECD. BY LOCAL REG.

6-24-1963

26. REGISTRAR'S SIGNATURE

Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Max A. White

Licensed Embalmer No. 5077

P. O. Address Ironton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.